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## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY INSPECTION REPORT

	INSPECTION REPORT					
REASON /		GRADE	Inspection Date:	ESTABLISHMENT NAME:		
Regular	<u> </u>		2/27/17	FIRST STEP EARLY CHILDHOOD EDUCATION OF		
Follow-Up	)		Time In/Out:	OWNER/OPERATOR:		
Complain	t		10:40 11:10	HEN PLOKSON, TRICK		
Investigat	ion	RATING		LOCATION: Establishment Type:		
Other:		A	Sanitary Permit No.:	DEDEDO CEC NOVEREDY		
		<u> </u>		PERMIT STATUS:ValidTemporaryExpired		
No. of Children: 15 Male 5 Female 28 Total Child Care License: No.: 15 / Valid / / Provisional / / Expired						
The following items identify violations found this day in the operations and facilities which must be corrected by the next						
inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.						
ITEM*	ľ			ARKS DEMERIT CORRECT BY		
-	A- 12E	GULHR.		WAS CONDICTED.		
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	PREV	1007 [1	uspection co	NDICZED ON (12/4/16) (2,4)		
	PREVI	N 2VO	IDLATIONS HA	THE BEEN CORRECTED:		
	1TEM # 17.					
	((40)	1 17 11				
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	NO N	JEW VI	OCATIONS DE	SEPVED.		
	PC	AMBER	2 HENDUEN	TED ON ABOVE.		
	"A" PLACAPED # 02005 ISSUED.					
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I have read and understand the above violation(s) and I am aware of the corrective reasures to be taken.						
*Note: When any of the following items are Received By (Name & Title):						
cited above, they shall be corrected within  10 days of this inspection:  DFH Inspector (Name & Title)						
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).				DEH Inspector (Name & Title):		
(-), (·), (O	(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).   J. GARCHA EPHO! / J. CRUZ EPHO!					

Rev: 08/2/05 DEH-06

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